

██████████, *Geoscientist*
Kleinfelder
3 AAA Drive, First Floor
Hamilton, NJ 08691
Phone:
Fax:
Email:

WELL LOCATION	
Street Address:	«WELL LOCATION ADDRESS»
Municipality:	«WELL TOWN»
County:	«WELL COUNTY»
Block/Lot #:	«WELL BLOCK»/«WELL LOT»

POTABLE WELL INFORMATION FORM

*Please complete the questions below by writing the answer in the space provided or by circling the most appropriate response, and return this form to us by **November 9, 2018**.*

Date: _____

1. Indicate your relationship to this property. (Circle one)

Property Owner Renter/Lessee Other (please explain) _____

Please provide your contact information/mailling address.

NAME: _____

ADDRESS: _____

PHONE #: _____ (home) _____ (work) _____ (cell)

Please circle the phone number above that you prefer we use to contact you.

E-MAIL ADDRESS: _____

If you are a renter or tenant, please provide the owner's contact information.

NAME: _____

ADDRESS: _____

PHONE #: _____ (home) _____ (work) _____ (cell)

2. Is any of the water used at the residence supplied by a private well? **YES NO**
(If **NO**, please stop here and return form)

3. What is the depth of the well? _____ feet Check here if unknown: _____

4. Does the well supply water for any other residences? **YES NO Unknown**
If **YES**, how many? _____

5. Do you use the well water for drinking and/or cooking? **YES NO**
If **NO**, what is the source of your drinking/cooking water? _____

6. Do you use the well water for:	bathing?	YES NO
	washing clothes?	YES NO
	lawn/garden/irrigation?	YES NO

(Over)

7. Has this well been tested recently? **YES NO**

If **YES**, please enclose a copy of the results if possible.

a. What date was it most recently tested? _____

b. Who tested the well water? _____

c. What was the well tested for? (Circle all that apply.)

Bacteria

Volatile Organics

Metals

Other (please explain): _____

d. Did the sampling detect any contaminants? **YES NO**

8. We would like to sample untreated water.

Do you have any treatment system(s) on the well? **YES NO**

If **YES**,

a. What type of water treatment system(s) do you have? (Circle all that apply)

Softener

Iron removal

Sediment Filter

Carbon Filter

Turbidity removal

pH adjustment

Disinfection

Chlorinators

Acid neutralizer

Other: (please specify): _____

b. Can the treatment system be bypassed to collect an untreated water sample? **YES NO NOT SURE**

If YES, how can the system be bypassed? (Circle all that apply)

Outside spigot bypasses treatment

Faucet in basement

Faucet on holding tank

Treatment system can be shut off

If **NO**,

Is there an outside spigot from which we can take a sample? **YES NO**

Where is the spigot located? _____

9. If we cannot take an untreated sample from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? **YES NO**

10. **I authorize Kleinfelder, Inc. (NJDEP's contractor) to enter my property to collect a sample of water from my well.**

(Please sign)

11. Please provide any other information that you feel would be helpful for us to know.